

10240452

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0481-91
 CRASH SEVERITY 3 (1 FATAL, 2 INJURY, 4 UNKNOWN)
 PRIVATE PROPERTY 'X' IF YES
 HIT&RUN 1 NOT HIT&RUN 2 SOLVED 3 UNSOLVED
 PHOTOS TAKEN 'X' IF YES
 OH-2 'X' OH-3 'X' OH-1P OTHER
 N.C.I.C. # OHP91 REPORTING AGENCY Ohio State Highway Patrol
 # UNITS 02 UNIT ERROR 01
 SS = ANIMAL SS = UNKNOWN
 DATE OF CRASH 06022008

TIME OF CRASH 1300 DAY OF WEEK MON CITY X VILLAGE TWP Streetsboro COUNTY # 67
 LATITUDE 41:15:08.00 LONGITUDE 81:20:14.00

CRASH CHECKED BY PREFIX CRASH LOCATION IR0080 TYPE LOC 3 TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED STREET
 DIST REFERENCE OR PREFIX REFERENCE .4M W 189 REF POINT 06 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE
 04 HOUR NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT
 08 PLACE NAME NO REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE NO REFERENCE

Motorist/Non-Motorist

A UNIT # 0102 # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lorain, Ohio
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE OH LP STATE OH INJURED WHENBY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
 OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lorain, Ohio
 YEAR 1992 MAKE TOYO MODEL Tacoma COLOR BLK INSURANCE COMPANY State Farm TOWING SERVICE OWNER PHONE # [REDACTED]
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? 'X' IF YES

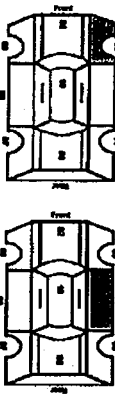
B UNIT # 0201 # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Newburgh, New York
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX F HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE NJ LP STATE NJ INJURED WHENBY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
 OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Enterprise, Rental Car 2367 Route 32, New Windsor, New York 12553
 YEAR 2008 MAKE MITS MODEL Galant COLOR BGE INSURANCE COMPANY Enterprise Self Insured TOWING SERVICE OWNER PHONE # [REDACTED]
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? 'X' IF YES

Occupant

C UNIT # 01 # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX M
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lorain, Ohio
 INJURED WHENBY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
D UNIT # [REDACTED] # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 INJURED WHENBY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 01 FRONT - LEFT (DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDERLAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
---	---	--	--	---	--	---

BLANK FOR WITNESS
 SUPPLEMENT 'X' IF YES

UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	DAMAGE AREA 	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 50%;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">6</div> </div> </td> <td style="width: 50%;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> </td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">6</div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div>							POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">5</div> </div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>						
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">6</div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div>																		
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>				TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	DRUG TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>														
TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">7</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div>	MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">9</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">1</td> <td style="width: 25%;">1</td> <td style="width: 25%;">1</td> </tr> </table>	1	1	1	1	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">1</td> <td style="width: 25%;">1</td> <td style="width: 25%;">1</td> </tr> </table>	1	1	1	1						
1	1	1	1																
1	1	1	1																
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK: 2 AXLES, 5 TIRES 10 SINGLE UNIT TRUCK: 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/IMPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	POINT OF IMPACT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY (A/C/D) 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	DIRECTION <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 50%;">FROM TO</td> <td style="width: 50%;">FROM TO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">3</td> </tr> </table>	FROM TO	FROM TO	4	3	4	3	CONDITION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL/DRUG SUSPECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST RESULT <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 50%;">A</td> <td style="width: 50%;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> </table>	A	B	1	1
FROM TO	FROM TO																		
4	3																		
4	3																		
A	B																		
1	1																		
IN EMERGENCY RESPONSE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ACTION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	VEHICLE DEFECT CODE ONLY IF 'Y' SELECTED ABOVE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST RESULT <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 50%;">A</td> <td style="width: 50%;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> </table>	A	B	1	1									
A	B																		
1	1																		
DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	ALCOHOL TEST RESULT <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 50%;">A</td> <td style="width: 50%;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> </table>	A	B	1	1									
A	B																		
1	1																		
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	DAMAGE SCALE 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	VEHICLE DEFECT CODE ONLY IF 'Y' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PROC. CRASH 11 OTHER DEFECTS	SEQUENCE OF EVENTS OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	SEQUENCE OF EVENTS OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">7</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div>	SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">8</div> </div>	SUPPLEMENT * 'X' IF YES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 0 - 0 4 8 1 - 9 1 </div>	LOCAL REPORT # * <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 0 - 0 4 8 1 - 9 1 </div>											

Narrative

Units #1 and #2 were both traveling eastbound on the Ohio Turnpike near milepost 188. The front right tire of Unit #1 blew out and pieces of the tire struck Unit #2 who was traveling in the right lane.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p style="text-align: center;">Diagram</p>
<p>WEATHER</p> <p>0 1</p> <p>01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>PRIMARY 1 SECONDARY <input type="checkbox"/></p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT/OVERDOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER</p>	
<p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

Truck/Bus	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.</p>	AND	<p>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>
UNIT # <input style="width:20px;" type="text"/>	COMPANY (FROM SHIPPING PAPERS) <input style="width:80%;" type="text"/>		COMPANY PHONE <input style="width:40%;" type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input style="width:95%;" type="text"/>			

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	DIA
<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>

CARGO BODY TYPE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS III 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06022008	1300	1300	1322	1440	60	0160
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Head, William	1395	JDRUDDLE	06042008			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>	10-0481-91			

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0481-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/02/2008
IN COUNTY OF Portage	ACCIDENT LOCATION IR0080	

Unit #1

1992 Toyota Tacoma P/U TK

LIC - [REDACTED]

VIN - 4A3AB36F57E [REDACTED]

INS - STATE FARM

POLICY - [REDACTED]

DAMAGED - The retread of the tire caused damage to the :Front Bumper, Right Front Fender, Right Rearview Mirror, Antenna and Right Side Step

Unit #2

2008 Mitsubishi Galant 4 dr

LIC - [REDACTED]

VIN - JT4VN13D8N5 [REDACTED]

INS - Enterprise Self Insured

Damaged - 3 Small Scuff Marks on Front Right Passenger Door

* Turnpike Maintenance on scene for traffic control

* No damage to Turnpike Property

OFFICERS SIGNATURE

BADGE NO.

1395

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0481-91	REPORTING AGENCY STATE HWY PATROL	DATE OF CRASH M 6 10 7 1988
-----------------------------------	--------------------------------------	--------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

IPR. W. L. AHEAD AT SCENE (OTPEB MP 188.6)
(OFFICERS NAME) (LOCATION)

X I was Driving East bound on 80 in the far left lane and the right front tire blew out

Q8 DID YOU SEE THE TIRE STRIKE ANYOTHER VEHICLES?
A8 NO, I WAS TRYING TO PULL OVER.

Q8 WERE THERE OTHER VEHICLES NEAR YOU?
A8 JUST THOSE (2) VEHICLES THAT THE TIRE STRUCK.

Q8 HOW FAST WERE YOU GOING?
A8 ABOUT 70 MPH.

ADDRESS OF WITNESS X SIGNATURE OF WITNESS X	[REDACTED]	OFFICERS SIGNATURE IPR. <u>[Signature]</u>	PHONE [REDACTED]
--	--	---	---

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0481-91	REPORTING AGENCY STATE HWY PATROL	DATE OF CRASH M 6 10 1 N 08
-----------------------------------	--------------------------------------	--------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
SPR W.L. HEAD (OFFICERS NAME) AT SCENE (OTP EB MP 188.6) (LOCATION)

X I was driving eastbound on Turnpike. A tire blew on a small black truck. A blue minivan swerved to miss it and the tire came up hit my wind shield & came across the right side of my vehicle. I pulled over to the side of the road along with the minivan driver. The gentlemen asked for the insurance info of the truck driver he refused. waited for the troopers to arrive.

Q: WHAT LANE WERE YOU TRAVELING IN?
 A: I WAS IN THE RIGHT LANE.

Q: WHAT LANE WERE THE OTHER VEHICLES IN?
 A: THE BLACK TRUCK WAS IN THE FAR LEFT LANE, AND THE MINIVAN WAS IN THE CENTER LANE.

Q: DID YOU SEE THE TIRE RETREAD COME OFF OF THE TRUCK?
 A: YES.

Q: WERE THERE OTHER VEHICLES NEAR YOU?
 A: No.

Q: HOW FAST WERE YOU GOING?
 A: 67-68 MPH.

ADDRESS OF WITNESS X [REDACTED]	Newburg, NY [REDACTED]
SIGNATURE OF WITNESS X [REDACTED]	OFFICERS SIGNATURE SPR. W.L. HEAD

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0481-91	REPORTING AGENCY	STATE HWY PATROL	DATE OF CRASH	M 6 10 1 1988
---------------------	------------	------------------	------------------	---------------	---------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)
 TPR. W.L. HEAD AT SCENE (OTP EB MP 188.6)
(OFFICERS NAME) (LOCATION)

Q: DID YOU SEE THE TIRE RETREAD STRIKE THE MINIVAN?
 A: IT WENT UNDERNEATH IT. IT DIDN'T GO OVER IT.

[Large handwritten scribbles]

ADDRESS OF WITNESS	[REDACTED]	Newburgh, NY.	[REDACTED]	[REDACTED]
SIGNATURE OF WITNESS	[REDACTED]	OFFICER'S SIGNATURE	TPR. W.L. HEAD	